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## ORIGINAL DEPARTMENT.

### Lectures.

#### LECTURES ON CHOLERA.

By PROF. ALONZO CLARK, M. D.

(Being a full synopsis of Lectures on Cholera, recently delivered at the COLLEGE OF PHYSICIANS AND SURGEONS, New York, and specially reported for the MEDICAL AND SURGICAL REPORTER.)

#### IV.

##### Causes and Nature of Cholera;—Contagion;—Portability.

We now come to the question whether cholera is contagious. If we were to select the document which before all others would apparently sustain the doctrine of contagion, it would be the report of a sub-committee of the College of Physicians of England, composed of Drs. BAILEY and GULL, in which these gentlemen give an account of the occurrence of cholera in the Tooting School in London, a large school for poor children. Cholera appeared in this school during the month of December, 1848, with unusual severity, so violent indeed, that Government found it necessary to break up the institution, and distribute the children among other pauper asylums, and to these the disease was apparently spread by contagion. Another history might be quoted of the occurrence of an epidemic in Maryland, in a certain locality along the Cumberland canal, where it attacked boatmen and others in a manner which apparently points strongly to contagion. (We omit the details.—REF.)

But the whole history of the epidemic, its course and progress, point to another cause than contagion for its origin. The wide spread series of bowel-diseases, colicky-pains, diarrhoeas, etc., which are observed to precede, or accompany the explosion of an epidemic, seem to show that there is a more general cause at work than personal, specific contagion; then, again, it usually commences in bad, insalubrious districts, while the truly contagious diseases, though their type and mortality may be influenced by conditions of

insalubrity, are independent of these, as far as their cause and origin is concerned.

The settlement of the question may be somewhat aided by studying the history of hospitals, and the facts which have been observed in reference to the liability of physicians, nurses and attendants to be attacked. Dr. VANDEVEER, in an account of the Franklin Street Cholera Hospital of this city, states that in the rooms of the building, measuring 25 feet by 30, the number of patients generally amounted to twenty-five. Physicians, nurses and attendants, to the number of twenty, occupied rooms adjoining those in which the patients were placed, with free communications, and the doors frequently open. Post-mortem examinations were made in the building to the number of 78, and the hands of physicians and nurses were freely bathed with the cholera fluid; the dead, for want of rapid transportation were sometimes piled in coffins, one on top of the other; on one occasion to the number of ten or twelve. Indeed such were the conditions of the hospital, that it is difficult to explain, how physicians and nurses could have escaped disease, if it were contagious. Of the whole number, but one was attacked. So also it is found in looking over the histories of European hospitals, that a comparatively small number of physicians and nurses become victims of the disease.

There is, then, no marked communicability of the disease from person to person by contagion. The upshot of the whole matter is, that in the history of cholera in hospitals, there is no ground for supposing nurses to be any more liable to the disease than others, except, as they may be predisposed to any attack of sickness by hard work, and, perhaps, hard drinking. Drs. BAILEY and GULL, in collecting information for their report, took pains to elucidate facts regarding the liability of washerwomen, who were in the habit of washing the linen and bedding of cholera patients, to the disease, and from eighty-four communications received by them, it appears that the liability is not very great.

Other facts may be adduced. Eight physicians of Astrakan, reporting the history of the epidemic there to the authorities at Moscow, state

that during its prevalence they were in almost constant contact with the cholera patients, rubbing them, respiring the same air, etc., but not one of them suffered. This is an old story. Furthermore, it is stated that patients in hospitals have frequently been clothed with the garments of cholera patients, and not been attacked by the disease. Dr. Houston, in a recent article published in the *Richmond Medical Journal*, states that a newspaper man, during the epidemic at Wheeling, as a matter of bravado, put on the clothes of a person who had died of the disease, and lay in them all night, with no ill effect. European physicians frequently refer to the fact of husband or wife sleeping in the same bed; one sick with cholera, the other escaping it; or children even nursing at the mother's breast, the latter dying of cholera, the former remaining free from the disease. Another fact is mentioned by Dr. Houston, namely, that during the cholera epidemic at Wheeling in 1833, that class of persons who, from fear, attempted to avoid the disease, were attacked much more frequently, and with greater severity, than those who were in contact with the sick, by moving them and attending to their wants.

There is a certain other consideration. Small-pox, measles, scarlet fever, never become entirely extinct at any time in large cities. Cholera has a different history; at periods it ceases entirely. If it were really contagious, where would the communicability cease? Why would it stop? It has nowhere become naturalized, as it were, like the other contagious diseases.

Again, its invasion is too rapid to be accounted for by contagion. When it strikes a community, large numbers fall sick at once; too suddenly for personal communication. When it appeared in Paris the first time, during the latter part of March, it had accomplished the greater part of its work by the end of April,—eighteen thousand having died. During the first eighteen days, seven thousand had fallen its victims. So after it first appeared in New York, on the 3d of July, seven hundred and ninety-seven had died of the disease during that month, of three thousand five hundred and thirteen,—the whole number. In Paris, the mortality during the first month exceeded one-half of the whole mortality.

In smaller communities this suddenness of invasion can perhaps be better observed and studied. Dr. Houston, in the paper already alluded to, cites the occurrence of the disease at the small village of Bridgeport, near Wheeling, separated from the city by two branches of the Ohio river and an island. It was in a very filthy

condition at the time, and contained only two or three hundred inhabitants. More or less, communication was constantly kept up between Wheeling and Bridgeport, by means of ferry-boats. The disease had commenced in Wheeling about the 15th of May, and yet it was not until the last week in June that it appeared at Bridgeport. It broke out during the night, and in thirty-six hours not less than twenty-two of the inhabitants had fallen its victims. All this does not look like the slow, gradual spread of the disease by contact from person to person, but points to a more general cause. A somewhat similar history has been reported by Dr. JACKSON, in the third volume of the *Transact. Amer. Med. Association*, where the disease is stated to have suddenly occurred in a neighborhood, twenty-six miles from Philadelphia, and where the only person who had been in Philadelphia, where cholera prevailed, and who might be supposed to have carried the contagion, escaped. Dr. MORRIS relates that the disease broke out in the Massachusetts State Prison, first attacking a man under solitary confinement; in the course of an hour four more were attacked in different remote parts of the prison, and in the course of forty-eight hours two hundred and five inmates of the prison had the disease. This certainly does not look like contagion.

Then again the mode in which the disease subsides is noticeable. When the Marquis of Hastings's army marched through India, it lost many men on its march; the disease being subject to fluctuations as the army passed over different regions. The history of a regiment of English troops is given, who arrived in India in the best sanitary state. The regiment ascended the river Ganges, by boats, in two divisions, at an interval of two months. As each division passed those banks of the Ganges where the disease prevailed epidemically, they began to suffer; and the number of soldiers attacked at a particular time, corresponded to the severity with which the disease was prevailing on the shore.

It is reported by BAILEY and GULL, that in Oxford the disease just divided the town; the disease prevailing in one part, and but one case occurring in the other. The part affected was low, undrained, and its population less virtuous and cleanly than in the other. This is not the history of contagious disease. In the accounts of cholera in India, it is not uncommon for the disease to thus divide a town; one part remaining entirely exempt, and the other being heavily afflicted. In Manchester there is a district, very unclean, on low undrained ground, privies un-

cleaned, pigs running about, and pigsties abounding,—called “little Ireland,” and close to this is another little district almost as bad. What was remarkable was, that while the epidemic pervaded the whole town, “little Ireland” alone was exempt, though the little district adjoining was very heavily affected.

Another great fact to be mentioned regarding the occurrence of the epidemic in Europe or Asia is that it is generally preceded by an admonitory diarrhoea. Looseness of the bowels affects, in a large sense, a whole community. This diarrhoea precedes the disease by several weeks or months. This has been observed in almost every epidemic. There is no analogue to this in the history of contagion; but there seems to be an influence in the air or earth, necessary to produce the disease, a general not a special influence. It may be observed here, however, that when we contrast the history of epidemics in the United States with those of Europe or Asia, the admonitory diarrhoea is not so universally noticed here, though when the poison has once fairly reached us, a large number of persons feel its influence.

Again, those general, external, and accidental causes of disease which may be comprised under the term insalubrity, are very conspicuous in cholera, while the contagion of small-pox, for instance, does not depend on, and is little influenced by them.

The relation of the temperature to the disease is interesting. It may be stated as a general fact, that it is more prevalent in the warm months of the year. Yet a multitude of facts show that it is not limited to the warm season alone. There is an impression that it does not occur in winter, and yet we have the history of not a few epidemics which show the contrary. The epidemic at the Tooting school, already alluded to, is one example. In St. Petersburg and Moscow it prevailed twice in winter; in Scotland during the winter of 1848-49. In Moscow, it diminished as the warm weather came. The following statistics of the mortality from cholera in all England, from July, 1848, to December, 1849, taken from the Registrar-General's reports, will show its prevalence in the various months:

July	189	March	302
August	232	April	107
September	187	May	357
October	323	June	2046
November	386	July	7570
December	400	August	15,872
January	658	September	20,379
February	371	October	4654

and from that time to December rapidly declining. While then, as a general large fact, the

disease is more prevalent in summer and its mortality greatest, it is noticeable that severe epidemics of the truly contagious diseases, such as small-pox, measles, and scarlet fever, usually occur with greater severity in winter.

From all these facts and considerations, it is evident that there is a broad contrast between contagious diseases and cholera.

Your attention is now called to another point. If cholera is not contagious, *is it portable?* Upon the answer to this question in a great measure depends the matter of quarantine, and whether such regulations are proper and effective against cholera.

From our very first knowledge of the disease we know that it has generally progressed along the great travelled roads, the lines of commerce; following the course of armies, leaving the disease in some towns and not in others. Why not in all? Undoubtedly because the conditions for generating the poison were present in some and not in others. It has travelled with caravans of pilgrims to Mecca; from the borders of India to Arabia, to Egypt. Travelling along the high-roads of commerce and intercourse, it has crossed broad waters. How is this accomplished? How, for instance, did it reach England?

The distance across the English Channel is too great to suppose that the poison was carried by the wind. At Sunderland, where it first appeared, the German Sea has its greatest width. There can hardly be a doubt that the disease was brought by ships. The point of attack in every epidemic of cholera in England was at one or the other of the principal commercial or seaport towns—Sunderland, Newcastle, Liverpool, London. When it occurred first at Liverpool, in one instance, in 1853, it could clearly be traced to Hamburg emigrants; cases of cholera having occurred on the vessel in which they arrived. Then it crossed the Atlantic. How? At one time it was quite fashionable to assume that the cholera poison marched by a steady atmospheric wave; but this does not bear close inspection. Its progress is comparatively slow. In India its progress of march has been computed at 21 miles a week. In its march from the Delta of the Ganges to Canton, a little more than 10 miles a week. In Europe, its progress was from 80 to 100 miles a week, 100 being the highest. Now, dating from the period when it first appeared at Sunderland, in England, until its appearance at Quebec and New York, its rate of travel would be between 300 and 400 miles a week, which is an unprecedented rapidity, as compared to its progress on land; and the same remark applies to subse-



quent epidemics. If this theory of a wave is accepted, it cannot be explained why intermediate places are not affected; the wave in its course should have passed directly over Nova Scotia, New Brunswick, and the northern part of Maine, to reach Quebec.

On examining the facts, however, we find that a brig, bringing emigrants to Canada, arrived early in 1832. The passengers were taken by a steamer from the quarantine grounds, some to Quebec, others went to Montreal. In two days, cases of cholera occurred among these emigrants, and from that time the disease spread. On the 8th of June, it appeared in Montreal; on the 24th of the same month, in New York. Did it travel from there here? Dr. VACHÉ states that the ship "Henry the Fourth" arrived at New York in the latter part of June, with cholera patients on board, and it is probable that it reached us in this way. From New York it spread up the river.

In 1848 two sloops, the "Swanton" and the "New York," left Havre, the one on the 31st of October, the other on the 9th of November, the one destined to New Orleans, the other to New York. Both vessels carried a large number of German emigrants. On the one, cholera appeared on board when sixteen days out at sea; on the other, when twenty-six days out; nearly the same day in the two vessels, which at the time were a thousand miles apart, one in a low, the other in rather a high latitude. Was there a streak, a wave of cholera following these ships a thousand miles apart and striking them on nearly the same day? The captain of the "New York" states that some days before the outbreak of the disease on board, a very cold wind set in, and as a consequence, there was a general ransacking among the baggage of the passengers for warm clothing; then suddenly the weather became again very warm. On board the "Swanton," before the occurrence of the epidemic, the weather was excessively warm, and though not expressly stated by those who were present, it is probable that among her passengers the baggage was opened and searched for lighter clothing. On board of both vessels there were passengers who had left infected places, and it is far more probable that the poison was carried in their baggage, than to suppose that two different atmospheric waves of cholera struck these vessels a thousand miles apart. Two days after the arrival of the "Swanton" in New Orleans, a person sick with cholera was taken into the Charity Hospital, and this was the beginning of an epidemic, which lasted in that city during the whole

of the winter, and from there ascended the Mississippi river.

## Communications.

### INTERESTING CASE OF DIPHTHERITIC CROUP.

By A. GEIGER, M. D.,

Of Dayton, Ohio.

During the months of September and October, 1865, our beautiful city was afflicted with an epidemic of diphtheria, which proved exceedingly unmanageable. In a majority of the cases the disease extended itself into the larynx, and trachea, nearly all cases proving fatal.

The following case was one of much interest to the physicians of this city, at the time of its occurrence, and I am induced to report it for your columns, trusting that it may also prove of interest to the profession at large.

John Wills, a fine intelligent boy, about 12 years of age, started to school on the morning of Oct. 17th, apparently in good health. He returned home about 11 o'clock, complaining of soreness of his throat. His parents, aware of the prevalence of the fatal epidemic, were much alarmed, and sent immediately for me. I saw him first about 2 o'clock, and upon examination, found the whole left side of the fauces already covered with diphtheritic patches, resembling superficial sloughs. There was considerable febrile excitement with the characteristic hoarseness, and difficulty of swallowing. I immediately applied, by means of the probang, a strong solution of nitrate of silver to the affected parts, and prescribed powders of calomel and rhubarb, to be given every three hours, until the bowels were evacuated; also fluid ext. verat. viride, two drops every three hours, and counter irritants to the throat externally.

I again visited him the following morning, and upon examination of the throat, the disease seemed to be arrested, not having spread beyond the limits of the previous day. There was less fever, and the symptoms were more favorable. I ordered a solution of chlorate of potash, with muriatic acid, to be applied to the throat with the probang, and also used as a gargle; and prescribed—

R. Potass. chlor.,  
Aque bul.,  
Syr. ipecac.,

ʒi.  
f.ʒiij.  
f.ʒj. M.

A teaspoonful to be given every three hours. This was given until the following morning, when in addition, sol. ferri perchloridi, four drops

every four hours was given. A tonic, and after a few days stimulant treatment was continued, with evident improvement of the patient, until the 26th, nine days, after the first attack. The diphtheritic patches had disappeared from the fauces, the deglutition improved, and the appetite better, but the dysphonia still remained without change. I had watched my patient very closely, and felt much interest in his case, inasmuch as he was the only son, a bright intelligent lad, the pride of his parents, and began to flatter myself, that having survived so much longer than was usual with the disease, and the symptoms apparently favorable, that the darling boy would outlive the storm and be saved. But my hopes were soon blasted. Upon visiting him on the morning of the 26th, I was informed that he had been quite restless during the night, had hoarse and stridulous cough, seemed wild and excited, with much difficulty of breathing. It was evident that the disease was extending itself into the larynx and trachea, leaving us with but slender hope of his recovery.

He continued to grow worse, and on the morning of the 27th, Dr. J. C. REEVE, of this city, was called in consultation. The symptoms were such, that there was no doubt of extensive pseudo-membranous formations in the windpipe, and if not relieved soon the patient must die. Dr. REEVE proposed the operation of tracheotomy, but we concluded to first try other means to dislodge the membrane, and give the parents time to give their consent to the operation, until our next visit. In the evening he seemed somewhat better, having expectorated during the day a large amount of tough phlegm, but the membrane still remained intact. The operation was deferred until the following morning, the parents having given their consent. In the night he grew worse, and the father called me to visit him. I administered a zinc emetic, which acted promptly, and gave some relief. I ordered another to be given, if the same symptoms of suffocation presented themselves, which was done. Dr. REEVE and myself visited him early in the morning, and surely, poor John was a pitiable object,—straining every nerve to get his breath, the windpipe nearly closed with the false membrane, the face suffused, and the eyes starting almost from their sockets; an anxious and imploring expression, which looked (but vainly) for relief from some source: we felt that our mission was almost ended, fearful to incur the risk of tracheotomy, as it seemed the only remedy, and it almost hopeless in his present condition. I left Dr. REEVE with the patient, whilst I stepped a few

doors to see another; during my absence John motioned to be raised from the arm-chair in which he was sitting. The doctor lifted him, when he suddenly fell over upon the floor, ceased to breathe, and all seemed to be over with him. The doctor raised him up, when he coughed violently, and expectorated a pseudo-membranous formation, over five inches in length, and about two lines in thickness, tough, and fleshy in appearance; the upper two inches forming a perfect tube, and the remainder lining about half of the trachea. He was immediately relieved, said that he felt well, and took some nourishment.

Our efforts were then directed to prevent, if possible, the reforming of the membrane, but at our visit the next morning, it was manifest that they were of no avail. There was great difficulty of breathing, with hoarseness, and great anxiety, which continued to increase until my visit in the afternoon, when his condition was as bad, or worse, than on the previous morning; and it was pitiable to witness his agony, and his desperate struggles to get air. Upon placing my ear to the throat, I could distinctly hear the rattling of the membrane in the windpipe, and determined to make an effort to dislodge it. With the spatula I depressed the tongue, and passing the probang along its base, had no difficulty in entering the larynx; after passing it down well, I gave it a rotary motion, and wiping along the windpipe, withdrew it. Again, for a moment, my patient seemed to be gone. I had partially withdrawn the membrane so that it filled up the glottis, and prevented the ingress of the air. His breathing ceased, his face and lips were livid, and to all appearance he was dead. His father, excited, shook him, and cried, "John!" he startled, threw himself forward, and with a violent hawk, threw off another membrane, measuring over seven inches in length, of the same character as the first one, but tubular in form; its whole length entirely lining the windpipe, and extending into the bronchia. His breathing was again easy, and hope was entertained that he might yet be saved, but the insidious foe, determined to have its prey, continued to travel down through the ramifications of the bronchia; the lungs gradually filled up with the deposit, and he expired on November 1st, four days after he expectorated the last membrane. No autopsy was permitted.

I send you the membranes expectorated, entire, as preserved in alcohol since that time. Through the larger one I passed a gum-elastic catheter, to keep it distended, as when in the windpipe. You will perceive at the upper portion, the shape of the larynx, and also its cartilaginous character.

From the smaller one I cut off two inches, and placed it in lime-water, as suggested by M. BIERMER, Professor of Clinical Medicine in the Uni-

The diphtheritic membrane as expectorated, drawn over a gum catheter—full size.



versity of Berne, and as published in the *REPORTER* of Sept. 7th, 1865. It dissolved in a short time. I send you also the vial containing the sediment.

It may be asked, could anything more have

been done in John's case than was done by us? It is evident that tracheotomy would have been of no avail, and we were glad, after witnessing the result of the case, that we did not resort to it.

A tonic, and stimulant treatment, was generally adopted, I believe, by the physicians of this city, during the prevalence of the epidemic, but with no better results than would have attended any other, as nearly all, if not all, died, where the disease attacked the larynx and trachea.

After having witnessed the action of the lime water upon the membrane, out of the body, I determined to try the effects of the lime in the next case of diphtheria, or pseudo membranous croup, occurring in my practice. The first case that presented itself was one of croup, in a boy about four years of age, (son of Irish parents,) residing some two miles from the city. The boy had already been sick two days before my visit. When called, I ordered the father to take out with him some unslacked lime, which he did. Upon my arrival at the house, I found the patient sitting up in bed; severe and distressing dyspnoea; the face and body covered with perspiration, from his efforts to get his breath. The usual harsh, dry cough, and the symptoms all indicating the last stages of pseudo-membranous croup. I determined to try alone the effects of the lime, as I saw no hope in any other treatment. But in what way could I bring it in contact with the membranous formation to dissolve it? I hit upon the following expedient. I placed some unslacked lime in a saucer, and poured over it hot water, and then, after throwing a cloth over his head, held the saucer under, so that he was compelled to breathe the fumes arising from the lime in the process of slacking. I retained it for a few minutes, and then removed it. The breathing was some easier, and directly he expectorated a large quantity of tough mucus and phlegm, and was very much relieved. In this process the steam arising from the lime in slacking, contains in it particles of lime, which are thus, by inhalation, brought in contact with the membrane in the windpipe. I ordered lime water and milk to be given, internally, and the *inhalations* to be repeated in the same way, whenever the symptoms of suffocation were severe, and that the father should report to me in the morning the boy's condition.

He came in the following morning; said "he was much better; that the night before, after again inhaling the fumes of the lime, he had vomited up a lot of tough stuff, and got better right away." I prescribed a cathartic to be given him, and the fumes of the lime if he choked up

again. I saw the patient no more. The father reported from day to day, that he was getting better; and finally, that he could "eat as much as ever."

Another case was that of a fleshy little boy, of three or four years of age. Was attacked the day previous to my visit. The mother said he had had a cold for several days, but that the evening before he had commenced coughing croupy, and that she had given him hive syrup, and vomited him several times through the night, but that he was still getting worse. I found the breathing hard, and stridulous cough, with evidence of membranous formation, but not so extensive as in the first case. I left two powders of calomel and rhubarb to be given, and ordered them to send out and get some unslacked lime, and use it as above directed, not having time to remain myself. I visited the child again in a few hours, and found him quite relieved of his difficulty in breathing. The mother said that the lime acted like a *miracle*; that after breathing the fumes for a few minutes, he vomited freely, and was at once relieved. I then ordered lime-water and milk to be given, and when I called the next day, he was so well, that further medicine was deemed unnecessary.

Dr. O. CROOK, of this city, reports six cases of diphtheria and membranous croup, in which the fumes of lime and lime-water was used; five of which recovered.

I, of course, would not recommend the adoption of the lime to the exclusion of other remedies, in the treatment of these diseases, but I have no doubt of its powers to dissolve the membrane, when formed; and if its future trials should prove as successful as the past, we will have in our hands a remedy that will, in some measure, rob these terrible scourges of their horrors, and save to many a fond parent their darling child; and if the cause that has led me and others to resort to the use of this remedy, and this communication, shall lead to its more extensive and general adoption by the profession, with like good results, then I shall feel that John's death, although a great affliction to his parents, was not in vain.

#### HYDROCELE OF TUNICA VAGINALIS.

By W. W. MYERS, M. D.,

Of Pittsburgh, Pa.

Subject, healthy male infant, *æt.* 6 weeks, son of Frederick R., Carpenter's Alley, Alleghany. Tumor translucent, soft and fluctuating, about the size of a hen's egg. Right testis down, and situated at lower and back part of tumor, which was in front of cord. Fluctuation was perceived

when the fingers of one hand were applied to one side of the tumor, and the opposite point tapped with the others. Lotions of ammon. mur. and plumb. acet. were employed for three or four weeks, without any perceptible diminution in size of tumor. Compresses were then applied wet, with liq. ammon. acet., and the following administered:

R. Conii ext.,	gr. j.
Alcoholis,	gtt. x.
Aquæ,	f. ʒijss. M.

Of which a teaspoonful was taken thrice daily. All traces of enlargement, etc., had entirely disappeared in twenty-seven days after first application.

Healthy male infant, *æt.* 4 weeks, weight 8½ pounds, son of John W., Locust Street. Tumor presented all the external appearances of other. Acupuncture was resorted to, and after escape of fluid, the tumor was traversed with a thread, having previously been dipped in tr. iodine, and retained for eighteen hours; adhesive plaster and lint were applied, and the scrotum suspended in a bag. The orifice did not heal so kindly as was anticipated, which was combated by simple dressings, and the usual antiphlogistics. Patient took liq. iodinii comp. gtt. ʒ, thrice daily. All traces had disappeared in five weeks.

#### DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,

Of Philadelphia, Pa.

(Continued from page 167.)

#### Prismatic Ophthalmoscopes.

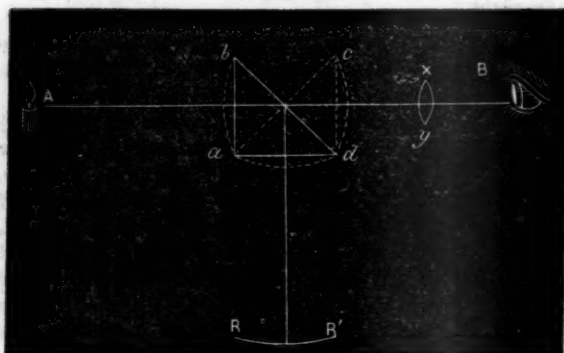
"Professor ULRICH, of Göttingen, has the merit of having been the first to apply the complete reflection effected by prisms to the illumination of the back ground of the eye. He took two prisms of glass, Fig. 4, *a b d* and *a c d*, presenting in section the forms of right-angled triangles, with equal containing sides, and so united them, that one containing side of the upper prism corresponded with one of the lower; and that the hypotenuse of one intersected that of the other at right angles.

"It follows from the law of total reflection of light, that rays which come from a laterally-placed flame *A*, in a direction perpendicular to *b a*, a containing surface of the under prism *b a d*, will proceed to its hypotenuse *b d*, and will there be totally reflected, so as to pass out through the surface *a d*, and to reach the retina *R R'* of the examined eye, which is thus illuminated.



"The rays returning from the retina will be perpendicular to the surface  $a d$  of the upper prism, will reach its hypotenuse  $a c$ , and will there be totally reflected into the eye of the observer at  $B$ . To concentrate the light, the containing surface  $b a$ ,  $a d$ , and  $c d$  may be made convex; or a convex lens  $x y$ , may be placed in the line of sight of the observer if required."

FIG. 4.



#### The Ophthalmoscope of Fr belius.

"This instrument is a modification of the original ophthalmoscope of 'HELMHOLTZ,' suggested by the need of a brighter illumination, and consists in this, that, instead of the four plates of glass, FR BELIUS fastened in front of the instrument a rectangular glass prism with plane sides, and drilled through from the hypotenuse to one side; so that rays from the flame, falling upon the hypotenuse, may be reflected into the patient's eye; and returning rays may be transmitted, without reflection, through the perforation of the prism and a concave lens, to the observer.

"For easy application of the concave lens, FR BELIUS employs a REKOSS's disk, with glasses No. 6, 8, 10, and 12."—"Zander."

"MEYERSTEIN" and "COCCIUS" have each contrived ophthalmoscopes of glass prisms, of the same character as those described, and "ZEHENDER" employed prisms, of which the sides containing the right angle were ground to be either concave or convex, as required, so as to obtain a stronger illumination.

Dr. A. ZANDER states, that "while, on account of their total reflection, the illumination by prisms is very good, yet still their application in practice has more disadvantages than benefits. They are high in price, their management is difficult, and in repeated or very careful examinations, they become fatiguing, because in order

to inspect the whole surface of the retina, the position of the flame requires frequent alteration. Moreover, the observer loses the focus that is afforded by a concave mirror, or by a plain mirror united with a convex lens." Dr. GIRAUD TEULON has availed himself of the use of prisms, and has constructed, with the aid of M. NACHET, Jun., a "Binocular ophthalmoscope," a beautiful

and ingenious invention, so as to fully realize stereoscopic effect, which we shall describe and fully illustrate in our succeeding papers.

#### Solar Ophthalmoscope.

We described an ophthalmoscope of "MEYERSTEIN," in which, by means of a cup which served to screen the patient's eye from light, so that this ophthalmoscope could be used in any room during the day, but more recently Dr. MACDONALD has dispensed with artificial light, and employs solar. "The reflection from plane or concave mirrors being too dazzling, convex mirrors only are employed. Of these, two are used—one with curve of 4'' radius, and the other of 8''. They are about 1'' in diameter, composed of glass; and their silvering is removed from a central circle 1''' in diameter. The patient is placed with his back towards the sun, and the examination is conducted in the usual manner. In our examination of the "Ear," we have no hesitation in concentrating the full rays of the sun upon any part of it, without any fear of producing injury, but we should hesitate to illuminate the retina by any other light than that produced by artificial means, as the numerous cases which have presented themselves to us of injury to the retina from the sun's rays, shows its injurious heating qualities. We would therefore advise caution on the part of the student.

Dr. Barnard Davis, the author of "Crania Britannica," proposes to issue in London an octavo volume of upwards of three hundred pages, with woodcuts, entitled "Thesaurus Craniorum," being a catalogue of skulls of the various races of man. His collection comprises between fourteen and fifteen hundred specimens of skulls and skeletons, and is probably the largest in the world. The preparation of the catalogue has occupied four years. Appended to each section will be given references to all the known figures and descriptions of the skulls by different writers, so as to form a bibliography of craniology.



## Medical Societies.

### PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

Wednesday Evening, Oct. 25th, 1865.

#### Cholera—(Continued from page 209)

Dr. JOHN BELL referred to the various theories of the pathology of cholera, remarking that the most probable conclusion was that it resulted from an atmospheric poison. He thought that too much attention had been paid to the prostration resulting from the disease, and that it was regarded as a malady which called for the continual use of stimulants and the whole class of remedies of that description. An analysis of the phenomena should show the existence of a high irritation rather than an excessive debility, or that the nervous system was greatly disturbed. The coldness of the skin was but one symptom of the disease, and was associated with a poisoned condition of the blood and an altered condition of the nervous system.

During the cholera of 1832, some of the physicians with whom he was then associated had prepared themselves by various apparatus for the application of external heat to different parts of the body, but without benefit. The patients exclaimed that they were being burned, and begged the application to be removed. The nervous system being in a state of great excitement, if an effort was made to produce any warmth at all, it should be of a very moderate kind, high heat being injurious. The character of the remedies should be soothing rather than stimulating or irritating. Friction with ice had been tried, and no doubt with good effect, the result in many instances being satisfactory. Most reliance was placed on continued dry rubbing with the hand, or with flannels and a flesh brush. More will be gained by this means for the purposes of counter-irritation with a view of producing reaction, than by sinapisms or blisters.

One of the members had spoken of bleeding as a novelty in cholera practice, but it was freely resorted to in 1832, and with considerable benefit. Some contented themselves with cupping the abdomen, in some of which cases reaction quickly followed. Venesection was practised even in approaching collapse, and sometimes with success. Calomel had been used with favorable results, both on this and on the other side of the water, in the epidemics of 1832 and 1849. But the views and experience of the faculty generally in charge of hospitals in different parts of the world were far from harmonizing

with these results. They had not settled down to the belief that they could rely with any degree of confidence upon calomel in this disease. More might be said of its use in very small doses with opium, repeated at short intervals. Its favorable action was evinced in the secretions being restored, and the stomach, bowels, and system generally relieved.

In regard to the alcoholic practice, Dr. BELL contended that its results were murderous. Perhaps the proportion of deaths from this practice was nine out of every ten. The idea that alcohol was a good preventive of disease was a popular one, and one also which it was to be feared was encouraged by some of our profession. It was a most fallacious, and, it might be added, most pernicious doctrine, that the use of alcoholic liquors was a preventive of disease. It was argued, some years ago, that a fever might be kept off by their use, but the fallacy of that argument had been conclusively shown.

The opium practice, like the others, had its advocates. Dr. BELL, in making these remarks, has spoken of the brandy and opium practice as carried out in the village of Hartly, north of England, on thirty-four patients, of whom *thirty two died*.

He then referred to the influence of emetics in disease, and stated that he had repeatedly seen a tendency to a collapse arrested by an emetic, either of common salt and lukewarm water, three tablespoonfuls of the former to half a pint of the latter, or of ipecacuanha in doses of ten to fifteen grains.

In looking over the whole subject of cholera, it is very evident that more, far more, is to be gained in the saving of human life by precautionary means easy of adoption, than by all that medical science has been able to accomplish in the way of cure.

Dr. NEBINGER said, as there was an almost dead calm in the discussion he would endeavor to break the quiet. The previous speaker (Dr. BELL), had objected to the publication of his remarks. This Dr. NEBINGER regreted, as Dr. BELL's reference to the pernicious effects of the use of alcoholic drinks, as preventives of cholera, and his well uttered denunciation of the practice, were not only worthy of publication, but deserved to be published in letters of gold, that they might attract and be read by every eye. The terrifically bad effect of the recommendation of the faculty of Philadelphia, and other places, in 1832 and 1849, of the use of alcoholic beverages as preventives of cholera, was well known. The

Doctor had wisely raised his voice against a practice which, while it was well calculated to contaminate the morals, so distempered the body, as to produce a predisposition to an attack of the malady it was improperly used to prevent. If the Doctor had said nothing more, than that which he had uttered in regard to the use of alcoholic liquors, his remarks would be eminently worthy of publication, not only in every medical journal, but in every secular paper throughout the length and breadth of the land.

If any particular aspect of the subject, more than another, should now receive our attention, it is the prevention of cholera. He is indeed an useful physician, who, when called to the bedside of suffering humanity, baffles disease, and materially contributes to the rescue of the patient from protracted suffering, and the grave; but vastly more useful is he, who, by his wise council and labor, prevents the development of disease. All diseases of an epidemic form are susceptible, to a very great extent, of control, by preventive appliances. This is no empty declaration, but one fully established by abundant facts. A mere reference to the published histories of epidemics would suffice to establish the fact, almost beyond a cavil, that the origin, continuation and malignancy of epidemic diseases, has been in due ratio with the neglect of public hygiene, the viciousness of the masses, their defective modes of living, and filthy personal habits. The history, as far as it has been written, of the cholera epidemic now prevailing in transatlantic countries, is no exception to this doctrine. It may with truth be said, that epidemics, such as cholera, yellow fever, etc., are fed, nourished, and caused to grow into great proportions by the malaria of filthy localities, and the neglect of personal and domiciliary cleanliness, and that such epidemic influences depend for their vigor, virulence, and long continuance, upon the conditions named. What constitutes a filthy locality? To particularize in detail would be a waste of time. Yet an example, I will call attention to, as somewhat illustrative of what constitutes a filthy locality, and in connection with it, will state the disastrous results which sprang out of the neglect of public sanitary appliances. In 1849, the cholera prevailed to an almost exterminating extent in Reed street, from the east side of Front street, to the Delaware river. Most of the houses on Reed street were three story brick buildings, two rooms on a floor, well lighted and well ventilated. The conditions of health, as far as the construction of the houses were interested, could not be found fault with, but a few yards only from the door of the

last of these houses, the Reed street culvert emptied its foul matter, and at its mouth was a morass of many acres, which at high tide was covered with water, and at low tide was exposed to the rays of the sun. The culvert drained a territory which extended from the river up to the County Prison, a distance of ten squares, or about half a mile. The prison was, as it is now, drained by this culvert of its entire filth, water-closets included. The filth which passed through this culvert was poured out upon the marsh, and there, exposed to the action of the sun, underwent a process of festering putrefaction, and generated an atmosphere which doubtlessly had much to do in producing the mortality which marked the existence of cholera at that place. The foul gases produced by the decomposition of the matter thrown out by the Reed street culvert, may not have created cholera, and in my opinion, did not create it, but it will not I think be disputed, that, that foul atmosphere was not the kind and quality, which had been divinely constituted as an essential of life, and as one of the elements for keeping up vitality to its highest standard. It may however with truth be declared, that it was an atmosphere which would depress the vital forces, produce adynamia, and thus create and exalt a predisposition to the attack of any disease which might prevail epidemically. In breathing that foul atmosphere, the people of Reed street inhaled at each inspiration certain volumes *less* of the pure air which the Deity intended they should breathe, and certain volumes of foul gases which never were designed to be introduced into the system. The sad and melancholy results of breathing such impure atmosphere was that the predisposition to attacks of cholera was so universal, and so exalted in those residing in the locality referred to, that nearly all the residents were attacked by the disease, the mortality of which was unusually large. So great was its prevalence, and so disastrous its results, that the doctor's carriage, and the undertaker's car were seen in Reed street at all hours of the day. Now mark the contrast. During the winter and spring of 1854 the Reed street culvert was extended to low water mark, a bulkhead was constructed, and the morass, embracing an area of many acres in front of, and below Reed street, was filled up and reclaimed. The street from Front street, to a short distance below the built up portion of it, was curbed and paved, and thus its drainage was rendered nearly complete. In the summer of 1854 the cholera made its appearance in Philadelphia again. The deaths from it amounted to six hundred: Reed street, so stricken, scourged,

and almost depopulated in 1849, had as great an exemption from the ravage of the epidemic in 1854, as any other portion of the city. There had been no change made in the buildings, and the habits of the residents in 1854 did not differ from the habits of the residents of 1849. But the local hygienic condition had been vastly improved. In 1849, imperfect drainage, accumulated filth, and great mortality, produced by cholera, were three conditions which presented in Reed street. Good drainage, the absence of accumulated filth, and great exemption from cholera, were the three conditions, which presented in the same locality, in 1854. Such then were the effects of a neglect in the one instance, and of attention in the other, to public hygiene. In the facts presented in regard to Reed street, there is embodied a volume of useful teaching in regard to the incalculable importance, in a healthful point of view, of good drainage, and the prevention of accumulated filth; and the necessity for the prompt removal of every cause which is calculated to vitiate the atmosphere by the generation of foul and noxious gases.

I have presented the condition of Reed street, in 1849, as a specimen of what I think may be fairly considered filth, public filth, filth for the presence of which there cannot be found any palliating excuse, and for whose presence and disastrous consequences the public authorities, who are charged with the business of preventing and controlling, are justly before God and man chargeable. I wish I had it in my power to present to those authorities, in statistics, the long list of those who suffer, and prematurely die, annually in our city; those, I mean, whose sufferings and death every well-instructed physician and sanitarian conscientiously charges to the neglect of the enforcement of the great and well understood sanitary laws, which grace our statute books. And then, too, if I had the talent, I would add to those statistics, faithfully word-drawn portraits of the suffering, the long and weary hours of agony, the wasting of the forms and strength of each of these victims of public neglect, and then, to this, as its grave sequel, I would portray their haggard, ghastly forms, as they present in death, and while I would feel my task not one of pleasure, but of sorrow, yet I should feel some degree of satisfaction, as I held the picture up to the gaze of those public functionaries, in saying to them: "Behold the wreck and ruin your neglect has wrought," and hope thus, for a time at least, to call them from their devotion to the spoils and pelf of office, to the discharge of oath-bound duties, and the full administration, for the public benefit, of the functions of their office.

May I be indulged in asking if we have any Reed streets to-day? Who will answer? We have read of the scourge by cholera in Constantinople, and of the seventy thousand deaths which had occurred there, from cholera; we had also read of the filth of that city, and in that we had read the history of Reed street, in 1849, over again, though in a more extended form. Have we then at this time no Reed streets, no miniature Constantinople in Philadelphia? and if we have, where are our enlightened public authorities, upon whom properly devolves the duty of ridding the city of its pest spots, where the germs of disease and death are unnecessarily developed.

I had, as you know, sir, two weeks ago, an opportunity of presenting here a small quantity of material, used in a fertilizer manufactory, located a few squares south of my residence, and so offensive did the atmosphere of the room become upon my exhibition of a quart of that material, that it was necessary, for the comfort of those present, to throw up the window sash, and some of the members quitted the room in haste, and one gentleman informed me a few days afterwards, that the atmosphere so irritated his nostrils as to produce a coryza—such was the effect of the presence here for a few moments of about a quart, or two pounds, of that foul material. Now, sir, what can be the effect upon the health of the community into whose locality, to whose very houses, about four hundred tons of that rotten matter are brought and worked up every month? You, nor I, cannot adequately estimate its baneful effects. These four hundred tons of rotten, partially dried animal matter, are brought into our city every month from the slaughter-houses of Chicago, Illinois, conveyed to the depot at the east end of Christian street in cars, from there hauled in wagons and carts along the streets to the place in the lower part of the city where it is used as a component in manufacturing a fertilizing agent. Four hundred tons per month—forty-eight hundred tons per year, a mountain of this carrion material introduced from abroad into our city, contaminating its atmosphere and diminishing its salubrity.

Is there no law to prevent the introduction of this matter, and thus protect the health-interests of our citizens? And if there is, why is not that law enforced? Who will answer? When the enlightened public authorities were called upon to seize this pestiferous place, and prevent the contamination of the atmosphere, which necessarily must take place from the presence of such an immense amount of putrid matter, they, as it were, folded their arms, treated the complaints



and solicitations with but little less than indifference, and thus virtually declared them unfounded.

The removal or abatement of this and kindred nuisances would be a move in the right direction, in inaugurating and carrying out part of the humane policy for the prevention of cholera, which is so well understood by every well instructed sanitarian. Such apathy, such indifference is being manifested by the authorities, that it really looks as if the citizens have but little to expect from them in the way of sanitary appliance. This being the case, it is necessary that the people by loud and indignant language arouse these authorities from their lethargy and indifference to a proper sense of their duty, and to the prompt discharge of the functions of their office. This must be done, or we may expect cholera to invade our city and mark its presence by a fatality that will surpass its invasion in 1832 and 1849.

The sources of atmospheric contamination, while they may be numerous, are nearly all susceptible of control. Power, ample and plenary, reside in the City Councils and in the Board of Health, to place our city in good and salubrious condition. In the exercise of the power, and the wise expenditure of the pecuniary means necessary to place our city in a cleanly condition, the authorities will be energetically sustained by the people. Let them be up and doing. Let every foul cess-pool be purified. Let the docks be cleansed, the culverts flushed, the culvert-inlets freed and cleansed, the streets properly looked after, foul slaughter-houses abated, bone-boiling establishments closed; in short, every source of atmospheric vitiation controlled, and we will have such an exemption from cholera as the absence of filth alone can secure.

This Society may be an useful agent in assisting in the work of sanitary reform, and in properly instructing the people in the things which it is important for them to know and practise, to prevent an attack of cholera, or if attacked, what should be done to moderate and control its force and violence. To this end, I would suggest that a committee be appointed to inquire into the means which should be adopted for the prevention of cholera, and that the committee be instructed to report at the earliest possible period. Will some member be kind enough to offer a resolution by which such a committee will be originated?

Dr. MAYBURY offered the following, viz.

*Resolved*, That a committee of five be appointed to inquire what means ought to be adopted for

the prevention of cholera, to report at the next meeting, Nov. 15th.

The President appointed Drs. NEBINGER, BELL, MAYBURY, GEBHARD, and COATES, the committee. On motion, adjourned.

#### **PATHOLOGICAL SOCIETY of NEW YORK.**

Among the specimens and cases presented before the Society, at the meeting of March 14th, were the following:

##### **Colloid or Enchondromatous Tumor,**

Presented by Dr. RODGERS, which had been placed in his hands by Dr. CARNOCHAN.

A man 45 years of age, came to this city about fourteen years ago to obtain medical advice in reference to a tumor, of large size and rapid growth, situated over the epigastrium, presenting the appearances of colloid tumor, and supposed to be connected with the stomach or pylorus. It was removed, and at the operation a portion of the cartilage of the sixth rib, to which it was attached, was removed with it. Since then the growth became reproduced. No second operation was however performed, and the patient died a few days ago of pneumonia.

The tumor presents three lobes of uneven, nodulated surface, of very great firmness, with attachments to the cartilage of the sixth rib, the xiphoid cartilage, sternum, and was also connected with the peritoneum. The microscopical examination reveals an abundance of apparently crystalline plates or scales of different shapes, some few nucleated and caudate cells. The crystalline structure is the most abundant.

Dr. KRAKOWITZER suggested that the tumor, properly speaking, was an enchondroma, the term "colloid" being applicable to many tumors, and signifying a condition, a form of degeneration which tumors of an essentially different nature may undergo. It had been abandoned by the most recent writers, as applicable to a distinct class.

Dr. RODGERS stated that the term was still adhered to by Dr. GROSS as applicable to a certain form of tumor.

##### **Cancerous Tumor of Umbilicus connected with the Omentum.**

Dr. POST, in connection with the above specimen, related the case of a female upon whom he operated a little over a week ago for removal of a tumor, of livid appearance, adhering to nearly the whole of the umbilicus, hard, and of limited mobility, which rendered it doubtful whether or not it was connected below the abdominal walls. On operating, it was found that the mass of the tumor was external to the aponeurosis of the



external oblique; a small attachment, however, of the size of the point of the little finger was found to dip below, and to be connected with the omentum. The whole mass was removed, including the portion of the omentum involved. Wound healed by first intention, and the patient now is convalescent. Microscopical examination showed the tumor to be cancerous.

#### Cancer of the Breast.

Dr. RODGERS also presented a specimen of cancer of the breast removed from a woman, 49 years of age. Ulceration was imminent; but the health of the patient good, and no glandular involvement.

#### Cancerous Tumor of Brain.

Dr. FRYNOLDS showed a specimen of tumor of the brain, removed from a man who had died at the Colored Home on Friday last, having been admitted to the institution in August, 1865. Twelve years ago he had suffered amputation of his right leg for ulceration of the bone.

The first symptom of trouble in the brain was in January, 1864; when, as he was walking home, he became dizzy, his face was drawn to the right side. He was able to walk the next day, but the left leg became weak, and the left wrist drawn in. These symptoms passed off, but were renewed several times, and after every seizure he became weaker. His speech became affected, the eyesight failed, and memory grew deficient; later he was out of his mind. Then again his condition became a little better.

Since December, 1865, he has been confined to bed, sitting up with assistance; bowels very costive, pupils responded to light, at times very severe pain in the head; complexion very sallow. During the last few weeks he was delirious, and at times seized with convulsive attacks. Died a few days ago.

Post-mortem examination revealed serous effusion beneath the arachnoid, amounting to about four ounces. The right hemisphere was less vascular than the other, dura mater thickened. On removing the dura mater the convolutions over an extensive region of the left hemisphere were found flattened, and there was also a false membrane about 2½ inches in length and 2 in width. The dura mater here was elevated, and pressed against the bone, which was excessively thin, almost as thin as paper. On cutting into the brain on this side, masses of tumors were found, while the brain substance surrounding them was very much broken down and softened. The other hemisphere appeared perfectly healthy. There was no deposit in the vessels of the brain.

One kidney was the seat of a slight fatty degeneration; the other contained a small nodule, consisting of the same elements as the tumors of the brain. At the base of one lung another small nodule was detected.

The case resembles very much one related by Dr. BENNETT in his clinical work. The little masses became very easily enucleated, and were of a pinkish yellow color. Microscopical examination clearly showed them to be cancerous; they contained free nuclei, here and there a mother cell with nuclei, and now and then caudate cells with large nucleus, and occasionally one or two nucleoli.

#### Syphilitic Disease of the Brain.

Dr. PEASLEE presented the brain of a man, whom he had first seen in consultation some six months ago. He had had epileptiform seizures, and loss of consciousness, etc. The disease was then supposed to be connected with syphilis. The autopsy showed the dura mater on the left side extensively, and markedly thickened (¼ to ½ of an inch) by a hard fibrous development in its tissue, and the left longitudinal sinus adherent to the dura mater and brain, so that vascular connection was interrupted.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Laughing in Laryngoscopy,

AND A NEW MODE OF APPLYING SOLUTIONS to the larynx, is made the subject of a short paper in the *Chicago Med. Examiner*, by Dr. H. A. JOHNSON. Sometimes, after vainly using all ordinary means to obtain a view of the glottis and vocal cords, he has succeeded by requesting the patient to laugh. The process of laughing, he says, consists in a forcible expulsion of air, interrupted by a rapid alternation of approximation and separation of the vocal cords. The glottis is at the same time elevated and the pharynx widely opened. The movements are rapid, but do not prevent the observation of color, form, and physiological action of the parts.

In the application of solutions to the vocal cords and interior of the larynx, advantage may be taken of the laryngeal mirror. If a jet from a syringe be thrown directly in the line of vision upon the mirror while the structures below are in sight, the reflected spray will be carried directly down upon the parts observed. If the jet be thrown at the commencement of inspiration, it will reach the interior of the larynx below the true cords. The result is an almost immediate closure of these cords, but the solution can be seen falling upon their upper surface, while the expired air passed up in bubbles between them. It is well, as in other cases, to request the patient to sound the note *ah!* during the process.

## Medical and Surgical Reporter.

PHILADELPHIA, MARCH 24, 1866.

### PORTABILITY OF CHOLERA.—DR. READ.

An important document has been received by us, entitled, "A Communication from the City Physician on Asiatic Cholera, Boston, 1866,"—the gentleman holding that position being Dr. WM. READ,—and as it is a fair example of the noticeable change of opinion which has taken place in the profession during the last six months regarding the *portability* of cholera, we deem it our duty to lay the substance of Dr. READ's report before our readers.

It is especially noteworthy that Dr. READ, in a communication on cholera presented to the Health Commissioners of the city of Boston, as late as October last year, entertained and expressed the opinion that no quarantine should be established in regard to cholera, and "that none of the passengers or crew should be in any way restrained from freely communicating with their friends on shore, or with the city, or from landing at any time with their personal baggage and effects; and no vessel should be detained in quarantine longer than is absolutely necessary to put her in a cleanly condition."

Now Dr. READ, with a sincerity and honesty which commend what he has to say to the more attention, states:

"Since then, evidence has been accumulating so direct in its bearing upon this point, and from sources so reliable, that I have been compelled to change my opinion. The vital importance to this community of thoroughly appreciating and clearly understanding the modes by which cholera is propagated from one locality to another, as noticed abroad, and a deep feeling of my own responsibility in the matter, has induced me to lay before your honorable body, somewhat at length, the evidence upon which this change of opinion has been based."

Dr. READ then adduces the evidence. The report of M. M. DROUYN DE L'HUYS to the Emperor is first mentioned, showing how; during the last epidemic in the East, the disease was evidently introduced into Egypt by pilgrims, and into Ancona by passengers from Alexandria. Then facts are given from Dr. MÜLLIG's report, with which our readers are fully acquainted.

A vessel arriving from Alexandria at Marseilles, brought sixty-seven Algerian pilgrims, who came from Mecca by way of Djeddah and Suez, where the disease was prevailing at the time. At the date of their landing there had

been no cholera at Marseilles. Two of these pilgrims died on the voyage, and another on landing. On their reëmbarking for Algeria, the people of that quarter of the city from which they sailed mixed with them and assisted them in loading *their baggage*. In this locality the first cases of cholera appeared, and soon spread over the town.

Thus in the short space of about a month from the time of its outbreak at Mecca, cholera had become established at Alexandria, Constantinople, Ancona, and Marseilles, four great centres, virtually commanding the whole of Europe and parts of Asia and Africa.

Then again, its first appearance in England was at Southampton, a port in direct communication with the infected ports in the Mediterranean by mail steamers, and only four days distant in time from Gibraltar, where the disease was raging.

Some striking facts in the history of the epidemic in this country in 1848 are then given, especially the introduction of the disease into New Orleans and New York by two emigrant vessels, the "Swanton" and "New York," and also of the epidemic in 1832, all tending to show conclusively that the disease does not spring up *de novo*, but is introduced by persons or personal effects.

Another fact illustrating the same point is quoted from the Constantinople correspondent of the *Medical Times and Gazette*, who states that, during the Crimean war, the French troops, who had come from Algeria, where the disease prevailed, had scarcely been disembarked at Gallipolis, when the cholera broke out amongst the people there. From this place the disease followed the French to Varna, where it decimated the inhabitants, sparing, however, the intermediate centres of population, and more especially Constantinople, with which the French had not had any communication.

Dr. SWINBURNE's facts regarding the cholera as it appeared in the port of New York, in 1865, published in the *REPORTER*, Jan. 13th, are quoted by Dr. READ.

Further evidence to the same effect is quoted from "Report on Spasmodic Cholera," signed by Dr. JAMES JACKSON, chairman of a committee appointed by the *Massachusetts Medical Society*, in 1832, from KENNEDY's *History of the Contagious Cholera*, the report of Drs. RUSSELL and BARRY to the British Government, etc. etc.

It has not been our intention to give a full summary of Dr. READ's report. The only object was to call attention to the significant fact that an eminent gentleman, occupying a public posi-

\* Ext. Reporter

tion of great responsibility, who formerly entertained views entirely in accordance with those yet held by Dr. Snow, of Providence, has become convinced of the portability of cholera by persons and personal effects, and has the candor to publicly announce his change of opinion.

From the mass of published opinions since our first editorial on the subject, some four months since, it is perfectly plain that we judged correctly when stating, "that the profession of the United States was not yet ready to assume the responsibility of abolishing quarantine in cholera."

#### MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.\*

##### IV.

##### Excisions.

Among the excisions there are 315 of the elbow, the results being ascertained in 286 cases. In 16 cases, amputation of the arm became necessary; 62 cases terminated fatally, or 21.67 per cent., which is a fraction greater than the mortality from amputations of the arm. The result will probably be modified favorably, when the statistics are completed.

**Shoulder-joint.**—A total of 575 cases, 252 primary, 323 secondary. The per centage of mortality is 23.3 in primary cases, 38.59 in secondary cases, or a mean ratio of 32.48. The ratio in amputations at the shoulder-joint is 39.24, a per centage of 6.76 in favor of excision. Of 36 cases of gun-shot fracture of the head of the humerus, selected as favorable cases for the expectant plan, and treated without excision or amputation, 16 died, or 44.4 per cent., a ratio in favor of excision of 11.96 per cent. The observation of EMARCH, that resection of the left shoulder gives less favorable results than of the right, is not borne out by the statistics of the late war.

**Ankle-joint.**—Formal excisions, it appears from the records, are rarely successful, but the judicious use of the gouge and bone forceps is admissible in gun-shot wounds of the ankle-joint.

**Knee-joint.**—Prior to the present war, there were but seven recorded examples of excision of the knee for gun-shot injury, of which two were successful. During the late war, complete excision of the joint was performed eleven times, two recovered.

**Head of the Femur.**—Prior to the late war, the number of recorded cases of excision of the head of the femur for gun-shot injury was twelve, with one success. The number of tabulated cases in Surgeon OTIS's report is thirty-two (32), with four (4) successes.

\* Extracts from Circular No. 6. Dr. OTIS' and WOODWARD'S Reports.

Regarding excisions in the continuity of the bones of the extremities, the evidence on the whole, as far as collected, is unfavorable.

##### Ligations.

The following table exhibits the number of cases of ligation of the larger arteries, from the beginning of the war to March, 1864:

	No. of cases recov'd	No. of cases died.	Total.	Ratio of mortality.
Common Carotid.....	12	37	49	75.71
External Carotid.....	7	2	9	100.
Subclavian.....	7	28	35	80.
Axillary.....	3	21	24	87.50
Brachial.....	58	11	69	17.18
Radial.....	12	2	14	14.28
Ulnar.....	9	2	11	18.18
Common Iliac.....		3	3	100.
Internal Iliac.....		2	2	100.
External Iliac.....	2	14	16	87.50
Femoral.....	25	83	108	76.85
Profunda.....	1	6	7	85.71
Popliteal.....	4	12	16	75.
Anterior Tibial.....	11	5	16	31.25
Posterior Tibial.....	13	6	19	31.57
Peroneal.....		2	2	100.
All others.....	11	4	15	26.66

In all of the 35 cases of ligation of the subclavian, the vessel was secured outside of the scaleni. In 13 cases, it was performed for secondary hæmorrhage after amputation of the shoulder-joint, with 4 recoveries. In 2 cases it was done for primary, and in 15 for secondary bleeding after gun-shot wounds, with injury of the axillary artery, with 2 recoveries. In 2 cases it was performed for axillary aneurism. In 2 cases, with 1 recovery, it was required by secondary bleeding after excisions of the humerus, and in 1 case by a secondary hæmorrhage after gunshot wound, with injury to the subclavian.

Acupressure, as recommended by Prof. SIMPSON, was adopted in a few cases, with favorable results.

##### Anæsthetics.

Regarding the employment of anæsthetics, the reports of 23,260 surgical operations performed on the field or in general hospitals, have been consulted. Chloroform was used in 60 per cent. of these operations, ether in 30 per cent., and a mixture of both in 10 per cent. In the field operations, chloroform was almost exclusively used. The returns indicate that it was administered in not less than 80,000 cases. In 7 instances, fatal results have been ascribed with apparent fairness to its use.

The report of Dr. OTIS concludes with a brief sketch of the organization of the medical staff in the field, the means of transportation of the wounded, various styles of ambulances, dressings, and equipments.

## Notes and Comments.

### Abattoirs in New York.

The new Board of Health of New York, which is now fully organized, has commenced its active work. One of the first moves has been to convene the butchers, and suggest to them in language that they cannot misunderstand, that it would be proper to move their establishments out of the densely populated parts of the city. Although a little soreness seemed to manifest itself on part of the butchers, regarding "intervention with their legitimate business," the best spirit prevailed during their interview with the Committee of the Board of Health, and it is not improbable that the butchers themselves will assist in abating the slaughter-house nuisance at an early date. If not, why then the Board has sufficient power to make them do so.

### The Revival of Medical Journalism.

The work goes bravely on! Almost every passing week brings a new enterprise to light.

We have received two numbers of the *Galveston Medical Journal*, which proposes to be a monthly journal of medical science of not less than 48 octavo pages in each number. Dr. GREENSVILLE DOWELL is the editor and publisher. The profession of Texas should sustain the enterprise. \$5 a year.

We have received a prospectus of the *Detroit Review of Medicine and Pharmacy*, monthly, 40 pages, \$3 a year. Drs. GEO. P. ANDREWS, SAMUEL P. DUFFIELD, and EDWARD W. JENKS, editors.

Also, prospectus of the *Southern Journal of the Medical Sciences*, New Orleans, quarterly, not less than 200 pages in each number. *This journal promises well.* Its editors and proprietors are well known to the profession, both as physicians and editors. They are Drs. E. D. FENNER, D. WARREN BRICKELL, and C. BEARD. The names of Drs. W. S. MITCHELL, A. W. PERRY, and JOSEPH HOLT, are also announced as assistant editors. Surely this enterprise will be well sustained. \$8 per annum.

Where are Charleston, S. C., Augusta, Ga., and Nashville, Tenn.? In the olden time (we've lived an age in the last five years!) good medical journals were issued from those cities.

### The Atlanta Medical and Surgical Journal.

We welcome to our exchange list again, after an absence of some years, the *Atlanta Medical and Surgical Journal*, edited by Drs. J. G. and

W. F. WESTMORELAND. The number before us (for March) is the first of the *seventh* volume. Monthly, 48 pages—\$4 a year.

### A Great Anatomical Work.

Among the choicest treasures of the Royal Library at Windsor are the anatomical drawings and writings of LEONARDO DA VINCI. These MS. are contained in about two hundred detached leaves of note-books, and have been the property of the Royal Library ever since the time of Charles II. These exquisite drawings did not escape the notice of the celebrated Dr. WM. HUXTER, who proposed to publish them, but was prevented by death.

Mr. B. B. WOODWARD, Librarian of the Royal Library, now proposes to publish these drawings in a work which will consist of about two hundred and fifty plates in folio, with text of the MS. printed in full, an English and a French translation, and all needful notes and elucidations. It will be issued in twenty parts, at the price of one guinea each, and the work was to commence early this year. Mr. PANIZZI, Principal Librarian of the British Museum, will superintend the text, and Dr. SHARKEY, Professor of Anatomy and Physiology in University College, London, will assist in the preparation of the scientific commentary.

Subscriptions will be received by J. B. LIPPINCOTT & Co., of this city.

BOOKS, ETC., RECEIVED.—*Physiology of Man.* (Introduction; The Blood; Circulation; Respiration.) By AUSTIN FLINT, JR., M. D. D. Appleton & Co., New York. *Review preparing.*

*Tribute to the late THOMAS W. BLATCHFORD*, M. D., of Troy, N. Y. A sermon by D. KENNEDY, D. D.

*Memorial of the late THOMAS W. BLATCHFORD*, M. D. Read at a meeting of the Governors of Marshall Infirmary, Troy, N. Y., Jan. 29, 1866, by JAMES THORN, M. D.

Dr. DARENBURG has lately published a curious work—"Physic in Homer; or Arabian logical Essays on the Physicians, Anatomy, Physiology, Surgery, and Physic in the Homeric Poems."

### Pension Examining Surgeons.

The Commissioner of Pensions recently made the following appointments:

Ohio—Dr. WM. M. COOKE, Fostoria.

Missouri—Dr. WM. F. RINDLEM, New Frankfurt.

Arkansas—Dr. J. E. BENNETT, Fort Smith.



## Correspondence.

## DOMESTIC.

## Asiatic Cholera.—Quarantine.

EDITOR MEDICAL AND SURGICAL REPORTER:

In your Journal of the 17th of February, you say:

"The practical question is, not whether cholera is specifically contagious, but whether the medical profession is willing to assume the responsibility of the whole and total abolition of quarantine?"

This question you desire to see discussed.

This is not the question proposed by me for consideration in these papers. In whatever remarks have been published by me you will find no reference to the general subject of quarantine, nor to quarantine for the prevention of any other disease than Asiatic cholera. I have said that "so far as Asiatic cholera is concerned, *quarantines are utterly useless to prevent its epidemic prevalence.*"

In saying this I had not the remotest idea that I was stating anything new, or original; but only supposed, after much reflection and no small amount of reading upon the subject, that I was simply stating the generally received opinion of the best medical and other authorities in this country, as well as in Europe. I think so yet.

No labored or lengthy argument is necessary to prove this statement. The proof depends upon the character and causes of the disease itself. If cholera is "contagious," or "communicable," or "portable," and if it is wholly propagated by these qualities of the disease, then quarantine may have some influence in preventing its introduction into a community, and sanitary cordons, if absolute, may prevent its spreading.

But if the nature and causes of cholera are such as I have described in the previous letters; if it is an *epidemic* disease, and depends for its propagation wholly upon an epidemic constitution of the atmosphere, co-existing with impure air, from local causes, then quarantine regulations to prevent its introduction are utterly useless. Quarantines have no control over local causes, and no more control over the atmospheric cause than they have over the winds of heaven.

Cases of cholera may be landed in a city from vessels, or sporadic cases may occur in a city; but the disease will never spread in the community, will never become epidemic, unless the epidemic atmospheric cause is present. We have had proof of this during the past year, in all

our cities. In Providence there were two deaths from the disease. In one case, a man returning from Montreal, was able to walk from the carriage into his house, went to bed, and died in two hours, with all the characteristic symptoms of Asiatic cholera.

The quarantine of the "Atalanta" at New York prevented the landing in the city of the few cases that existed on the vessel at the time of its arrival, though it caused more deaths at quarantine than it prevented in the city. But at the same time, there were as genuine cases of cholera in New York city, as there were on the Atalanta, and at the same time, in November, at least two deaths were reported from Asiatic cholera in Philadelphia.

But when the necessary atmospheric cause is present in a place, combined with local causes, the cholera will arise *de novo* in numerous cases, and will spread whether cases of the disease are landed from vessels or not; the severity and fatality of the epidemic depending entirely upon the violence of the atmospheric cause, and the amount and character of the local causes. This has been proved in this country, and will be proved again during the coming summer, if the disease shall visit us, as is generally expected.

The proof, then, of the statement that "quarantines are utterly useless to prevent the epidemic prevalence of Asiatic cholera," is evident from the character and causes of the disease itself.

It is not necessary to continue this subject further. The object of these letters, as stated in the beginning, was not so much to present arguments as to give a statement of what I supposed to be the true and generally received opinions upon the subject.

We might show that the vast weight of evidence is in favor of the statement that quarantines are useless to prevent epidemic cholera; we might show that for every single case in which it is claimed that quarantines have prevented the appearance of cholera, there are at least a hundred cases in which the most rigid quarantines have failed to prevent it; and at least a hundred other cases in which cholera has failed to appear in places, on "great lines of travel," which had no quarantine, and which were in constant communication with places where cholera prevailed. We might also show that quarantines, to prevent cholera, are not only useless, but positively injurious.

We will, however, spare you and your readers, and close with a single appeal to the common sense of the profession. The object of quarantines for cholera is, of course, to keep the disease

out of the country. If they fail to do this, they are useless. Now, is there a physician in the country who believes that any quarantine that we now have, or shall have, will prevent the cholera from visiting this country during the coming summer? In New York city the quarantine is sufficiently rigid to satisfy any one. It gives absolute, despotic control over all vessels that arrive at that port. Is there a physician in the country, even in New York, who believes that the quarantine will keep the cholera out of New York city, or that it will delay the epidemic prevalence of the disease in that city a single day?

I do not believe there is one, and therefore, feel perfectly satisfied to leave it to the common sense of the profession to say whether, under existing circumstances, quarantine regulations to prevent epidemic cholera are not utterly useless.

EDWIN M. SNOW, M. D.

Providence, R. I., March 12, 1866.

#### Cholera and Quarantine.

##### EDITOR MEDICAL AND SURGICAL REPORTER :

If allowed the space, I wish to say a few words upon the topic of the somewhat controversial correspondence which has lately much interested the readers of your journal.

In its last number (March 17th, 1866), an expression of opinion is given in earnest terms, which, however, its writer promises to abandon "instantly," if evidence to the contrary be adduced. Permit me to venture the belief that, on two important points of his communication, I can give such evidence.

He asks (p. 205), "Why are the crews and passengers of ships at sea never attacked with cholera, except they come from places or ports where the disease prevailed?" Now in one such instance, the ship *Tonawanda* of this port, in 1854, I had direct knowledge, from the medical officer of the vessel, of just such an occurrence; cholera breaking out on board severely, when two weeks at sea, there being none at all at Liverpool when they started thence. But other evidence than mine will be more satisfactory. Dr. JAMES WYNNIE, so well known as a sanitarian and statistician (Report on Cholera in United States in 1849 & 1850), Dr. BAILEY (Report to the Royal College of Physicians, London, 1854), and Dr. GAVIN MILROY (*Brit. and For. Medico-Chirurg. Review*, October 1865, p. 444), are authorities for the statement that, in November 1848, cholera broke out on two emigrant vessels from Havre, one sixteen and the other twenty-seven days out,

there being no cholera at Havre when they left; and the vessels being a thousand miles apart.

Secondly; your correspondent, arguing for quarantine, cites Spain as an example of solitary success in excluding cholera by a rigid system, in 1854. I should be glad to believe that this was an "instantia crucis," and that with it the whole theory against cholera might stand or fall. I have only to say of it, that, in the best history of cholera yet written, though brief, by Dr. GAVIN MILROY, in the number of the *Brit. and For. Medico-Chirurg. Review* above quoted (October 1865, p. 451), the following words are used, speaking of the year 1854: "*Spain throughout its length and breadth was visited by the disease during the year; scarcely a province escaped.*"

Tempting as the subject is, I refrain from amplification; but would place myself alongside of your correspondent, Dr. SNOW, in this opinion: that quarantine, *without local sanitary police*, can no more exclude cholera than it can the east wind; and that quarantine *with sanitary police* is simply surplusage.

HENRY HARTSHORNE, M. D.

Phila., March. 1866.

#### Syphilis.

##### EDITOR MEDICAL AND SURGICAL REPORTER :

The profession in this city cannot but hail with unalloyed delight the organization of a Metropolitan Board of Health, in whose action men skilled in the detection of disease are to have, it is hoped, a controlling voice.

Permit me to make a suggestion to these professional members of the Board: They know full well the dreadful and daily increasing ravages of the syphilitic poison in this great city. They have under their control a number of medical men as sanitary inspectors, and a thoroughly effective police as an executive force. Is it not within their province, and can they not devise a system of inspection, by which, with the help of the agencies quoted, they can materially lessen the spread of venereal diseases?

They may not be empowered to prevent prostitution, but they certainly can find out the tainted women and send them to hospital. The prophylaxis of cholera is yet a debatable point, but with the comparatively little less destructive disease, *syphilis*, there can be no doubt that a rigid inspection, vigorously followed up, would lessen the disease to a very great extent.

If the Board did nothing else, the accomplishment of this one end would be "glory enough." Will they try it?

J. T. C.

New York, March 14, 1866.

## News and Miscellany.

### ANNUAL COMMENCEMENTS.

#### Graduating Class of Medical Department of University of Pennsylvania.

The Centennial Commencement of the Medical Department of the University of Pennsylvania was held in the American Academy of Music on Wednesday the 14th instant. The Academy was thronged, and the services throughout were interesting and impressive. Prayer was offered by the Provost, Rev. Dr. Goodwin, who then conferred the degree of M. D. on the following graduates 162 in number. The valedictory was pronounced by Prof. HENRY H. SMITH, M. D.

*Canada.*—Simon A. Kemp, Andrew G. McPherson, James Murphy.

*Nova Scotia.*—Stephen Howard.

*France.*—Francis G. Caumont.

*Massachusetts.*—Denton G. Woodvine.

*New York.*—William H. Coe, Archibald Dann.

*New Jersey.*—John D. Hilton, Isaac S. Long, James A. Petrie, Edward H. Reed, Thomas J. Smith, Obadiah H. Sproul, William H. Sterling, George M. Stiles, Samuel S. Stryker, Jr., Humphrey Swain, John W. Ward. 11.

*Pennsylvania.*—Henry Agnew, Thomas Betts, Henry W. Birhoff, John T. Brown, Andrew B. Brumbaugh, Platte E. Brush (M. D.), J. Albert Cloud, Thomas F. Corsen, Frederic Corss, Wm. C. Crooks, Roland G. Curtin, Robert Hare De Beust, John W. Donges, James B. Eby, William Ellershaw, Samuel C. Emmentont, Richard W. Evans, William S. Forbes (M. D.), John F. Forwood, Jonathan John French, Abraham S. Gerhard, John E. Gillespie, William H. H. Githens, John A. Groff, James G. Guthrie, Frank A. Gutshall, George M. D. Hall, Horace Binney Hare, William L. Hartman, William D. Harrison, David W. Harry, Benjamin F. Herman, Jeremiah W. Hay, John Huffnagle, James H. Hughes, John A. Hunter, William N. Hutchinson, James V. Ingham, Joseph S. R. Irvin, Luther D. Jacobs, John E. James, William Furness Jenks, William H. Johnson, Samuel P. B. Knox, Jacob B. Kreider, Alfred C. Lamdin, Thomas Lancaster, John H. Lesh, Aug. H. Lesh, Amos B. Light, Richard H. Lymer, James Markoe, Jr., John H. McCreary, Francis Buck McDowell, Martin Luther Mench, Geo. W. Metzger, Alex. M. Miller, Samuel Wilmer Morrison, Herbert Norris, Robert O'Reilly, Harry L. Orth, Charles F. Paine, Alexander G. B. Parke, Henry Pennepacker, Chambers B. Reber, Mengel Reed, Thomas Rex (M. D.), William H. Risk, Frederick W. Ritter, Morris D. Rouse, Melancthon L. Ruth, Eugene I. Santee, George W. Shields, Robert Lowry Sibbet, William H. Clay Smith, Francis G. Smyth, James F. Snodgrass, Charles W. Spayd, Edward A. Spooner (M. D.), Henry M. Stillé, George Strawbridge, Isaac N. Taylor, Edward C. Thatcher, William J. Thirwechter, Charles V. Thome, Stephen Townsend (M. D.), Josiah E. Tressler, Michael B. Van Buskirk, Robert L. Walker, John F. Weightman, William H. Weirick, Adam Menger, Jr., Simon M. Whisler, Benjamin R. Whitaker, John S. White, John Weir Weistling, Adam H. Wilson, Isaiah J. Wirebeck, George G. Wise, Isaac B. Yeakel, Joseph J. Yocum, Elijah R. Zeigler. 103.

*Delaware.*—Ezekiel W. Cooper, Alexis I. DuPont, Thomas C. Frame, John C. Lockwood, Richard H. G. Osborne, Linton Smith, John Alexis Tonner. 7.

*Maryland.*—Francis Barkdoll, Stephen E. Ford, James H. Frazer, James M. Magraw, Joseph G. Schell, Francis Thomas. 6.

*Dist. of Columbia.*—Ferdinand A. Hassler.

*Ohio.*—Joseph Reinmund Beck, Joseph G. McKnight, Charles H. Pinney (M. D.), Ithamar B. Wood (M. D.) 4.

*Indiana.*—Isaac S. Weyand.

*Illinois.*—Madison Reece (M. D.), Augustus J. Weirich.

*Michigan.*—Robert A. Jamieson, Robert A. Whedon (M. D.).

*Virginia.*—Thomas F. Grayson, George H. I. Marmion, William V. Marmion.

*N. Carolina.*—William J. Carman, Ruffin B. Ellis.

*S. Carolina.*—Alexander W. Ellerbee.

*Georgia.*—Patrick Henry Burke.

*Kentucky.*—Isaac R. Best, Joseph T. Bright, Ludwell Yancey Browning, Francis M. Downing, John A. Reed, James T. Whitaker. 6.

*Louisiana.*—John E. Tallon (M. D.)

At a commencement held in July, 1865, the following gentlemen received the Degree of Doctor of Medicine.

*Pennsylvania.*—Charles Drinker, John H. Palethorp, Francis P. Troxell.

#### Graduates of Jefferson Medical College.

At a public commencement, held on the 10th of March, 1866, the Degree of Doctor of Medicine was conferred on the following gentlemen by the Hon. EDWARD KING, LL.D., President of the Institution, after which a valedictory address to the graduates was delivered by Prof. RAND. The number of graduates was 165.

*British Provinces.*—James B. Ferguson, James R. Flood, John McIntosh, A. L. Peck.

*Germany.*—E. H. Weber.

*New Hampshire.*—E. R. Hutchins, J. R. May, E. F. McQuesten, J. S. Warren.

*New York.*—James Gordon, U. C. Lymde (M. D.), Arthur O'Leary.

*New Jersey.*—Ferd. Brother (M. D.), Joseph H. Homer, Ed. H. Madden, J. W. Webb.

*Pennsylvania.*—Wm. J. Alexander, Oscar H. Allis, Zachaeus P. Arndt, Cephas L. Bard, Frederick Barrett, William Bartholemew, Geo. W. Beane, Geo. W. Berntheisel, Jacob R. Bixler, Thos. J. Blackwood, Samuel H. Brehm, N. W. Brown, Benj. S. Buck, Alex. L. Buffington, Geo. W. Burke, Henry B. Butcher, Geo. Cheeseman, Jos. H. Christy, S. D. Culbertson, Geo. P. Dare, J. W. Dick, J. F. Donnelly, A. J. Dandore, Jas. B. Ewing, John Ewing, Wm. S. Foster, James M. Gewix, Wm. Gibson, Jr., Fletcher Gilpin, Geo. S. Graham, Wm. O. Griggs, Isaac Guss, Byron R. Harmon, Wm. A. Hassler, Walter J. Hoffman, S. G. Hoggens, T. F. Hollenbach, D. C. Haffman, Joseph H. Huston, Wm. M. Jackson, Robert S. Kennedy, G. A. King, T. P. Klingensmith, John Knight, S. A. Knipe, Daniel H. Levan, Henry S. Lindley, Wm. McPherson, T. James Magee, J. R. Mason (M. D.), Geo. F. Matter, Jas. A. Maxwell, J. C. McMunn, J. P. McVickar, I. L. Mingle, W. H. Meredith, I. H. Moore, C. W. Munn, J. H. Musser, Geo. H. Napheys, E. S. Patterson, Geo. G. Rahauer, Jacob Reed, Jr., Jesse J. Reed, Wash. Righter, Franklin L. Sallade, Wm. R. Semans, James H. Snodgrass, T. C. M. Stockton, Wm. T. Thackeray, Ralph M. Townsend, Henry S. Trout, J. H. Way, Wm. H. Webb, J. E. Wilson, J. C. Wilson, N. M. Wilson, Abr. H. Witmer, D. J. Worthington, W. S. Yandt. 81.

*Delaware.*—G. S. Culbreth, L. F. Ellison, L. S. Rebman.

*Maryland.*—A. Y. McCormick.



**Ohio.**—J. Alpheus Brown, John Hill (M. D.), T. S. Hunter, S. E. Hyndman, H. Landon (M. D.), Samuel O. Loughridge, H. Mueller, A. M. Whitehead. 8.

**Indiana.**—C. H. Applegate, J. A. Fitzgerald, T. J. Fritts (M. D.), James S. Gregg, Thomas F. Leech, Robert W. Long, Geo. W. Rhoads. 7.

**Illinois.**—Daniel Berry, M. W. Clendenia, J. W. McDowell, Charles Orris, Hiram S. Roberts, Ezra R. Russell, Alfred A. Sears, B. Shurtleff (M. D.), William M. Newell (M. D.). 9.

**Michigan.**—Bela Cogshall, F. W. Koch, R. N. Murray.

**Iowa.**—V. H. Coffman.

**Missouri.**—John Bryant (M. D.), Jos. S. Cabanne, Robert J. Grug, Alvin P. Lankford.

**Virginia.**—A. Easley.

**West Virginia.**—J. L. Gillespie (M. D.), F. H. Patton, James M. White.

**Kentucky.**—J. F. Dangerfield, Tyler Griffin, Richard P. Guerrant, A. P. Hamilton, Wm. L. Hockaday, J. F. McElroy, Thos. L. Newberry, Benj. F. Owens, Finis M. Perkins, M. R. Perry, H. B. Peterson, James Brice Ross, Ephraim P. Russell, L. V. Weathers, Wm. G. Wheeler, Wm. M. Wilson, W. B. Conery. 16.

**Tennessee.**—T. J. Kennedy, Rich. B. Matlack, J. C. Peyton.

**North Carolina.**—Alson Fuller.

**Mississippi.**—Daniel T. Price, D. C. C. Rodgers, B. R. Shaeffer.

**Arkansas.**—S. D. Dodge, Wm. D. Phillips.

**Kansas.**—P. C. Newton.

**Texas.**—J. E. Burroughs.

#### The Cholera Conference.

The Cholera Conference met at Constantinople on the 13th of February. Turkey, England, France, Austria, Prussia, Russia, Italy, Spain, Portugal, Sweden, Greece, and Egypt were represented. The United States, Belgium, Holland, and the Papal Government have also been invited to take part in the conference. The proceedings thus far reported were preliminary; the only point agreed upon of importance being a recommendation to the Turkish Government that in case the cholera appeared in Arabia during the spring, all communication by sea between the Arabian ports and Egypt should at once be stopped, until at least fifteen days after all traces of the disease should disappear.

#### Small-Pox in South Carolina.

The Surgeon-in-Chief of the South Carolina District of the Freedmen's Bureau, has written to the chief medical office of the Freedmen's Bureau for a supply of vaccine virus, as the small-pox is spreading with considerable rapidity in some portions of that State. So also in other districts of the South.

—Dr. MARTIN LUTHER TODD, a resident of Wheeling from 1810, and a physician of high standing, died suddenly, of apoplexy, at Bellaire, Ohio, his recent residence, a few days since.

#### AMERICAN MEDICAL ASSOCIATION.

##### To Competitors for the Prizes, 1866.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. ALVIN FULTON, No. 257 Fourth Avenue, New York city, on or before April 15, 1866.

2. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

#### MARRIED.

**BALL—STONE.**—In New York, March 15, at the residence of the bride, by Rev. Dr. J. H. Price, Dr. A. Brayton Ball, of that city, and Helen S., daughter of Edward Stone, Esq., of Kingsbridge.

**FOSTER—CROSS.**—Feb. 27, by Rev. A. H. Domer, J. M. Foster, M. D., and Miss Louisa Cross, both of Clintonville, Pa.

**GALLAGHER—FINGLASS.**—On the 22d of February, 1866, at the residence of the groom's parents, in Lancaster, Pa., by Rev. E. H. Thomas, Dr. Lewis F. Gallagher, of Elizabethtown, Lancaster county, Pa., and Miss Lizzie Finglass, of Philadelphia, Pa.

**LEWIS—GRINNELL.**—In Adams, N. Y., March 12th, by Rev. Theodore Babcock, D. D., Doctor F. E. A. Lewis, late Assistant Surgeon, U. S. N., and Miss Nettie Grinnell, of Adams.

**PINKHAM—FROST.**—In New York, March 15, by Rev. William Barnard, D. D., John Warren Pinkham, M. D., and Cornelia, daughter of Stephen A. Frost, of that city.

**ROLLER—CRISWELL.**—March 6th, by Rev. D. H. Barron, in Gaysport, Pa., W. C. Roller, M. D., and Miss Annie Criswell.

**SATERS—GARDNER.**—In this city, on the 13th instant, by the Rev. Alfred Cookman, Dr. K. B. Sayers, of Ohio, and Faunie, only daughter of the late George Gardner, Esq.

**THOMPSON—PRAY.**—In Rochester, N. H., March 1, by Rev. E. R. Wilkins, Dr. G. Newton Thompson, of Boston, Mass., and Miss Lydia Pray, of Rochester.

#### DIED.

**ALLEN.**—At Hyeres (in the south of France), Feb. 26, after a long illness, Eliza Schuyler, wife of Ethan A. Allen, and daughter of Dr. Samuel S. Kuyper, of New York.

**GARDNER.**—Near Brownsville, Texas, Feb. 21st, Dr. Wm. A. Gardner, late of the U. S. A., in the 41st year of his age.

**HUNT.**—In Cincinnati, March 5th, Annie C., youngest child of Dr. James G. and Sarah E. Hunt.

**MCCALLMONT.**—In this city, on the 10th inst, Marianna McCallmont, wife of George F. McCallmont, and daughter of the late Dr. James McCallmont of New Castle, Del.

**MATTHEWS.**—On 6th day of March, 1866, at their home, in Gwynett county, Georgia, Emma, infant daughter of Sarah M. and Dr. Johnson Matthews, aged 1 year, 2 weeks, and 3 days.

**MOODY.**—In Georgetown, Mass., March 4, 1866, George Moody, M. D., in his 66th year. A graduate of Harvard Medical School, an able practitioner, and a Christian.

**PIERSON.**—In Ukia city, Cal., Feb. 4, of typhoid pneumonia, Dr. E. M. Pierson, formerly from Somonauk, Ill., aged 42.

**SHERK.**—In this city, on the 15th instant, Emma D., wife of Dr. J. H. Sherk, and daughter of the late Francis Humphreys, in the 25th year of her age.

**WILLIAMS.**—March 4th, at the residence of her son-in-law, C. N. Olds, Columbus, Ohio, Juliette, wife of the late Dr. M. C. Williams, formerly of College Hill, Ohio.

#### ANSWERS TO CORRESPONDENTS.

Dr. W. F. R. Newmarket, Tenn.—Six Instruments, sent by mail, March 15th.

#### METEOROLOGY.

Mar. 1866,	5,	6,	7,	8,	9,	10,	11,
Wind.....	N. W.	N.	N. W.	N. W.	N. W.	N. W.	S.
Weather.....	Clear.	Clear.	Clear.	High Wind.	Clear.	Clear.	Cl'dy.
Depth Rain.....							
Thermometer.							
Minimum.....	22°	21°	25°	17°	20°	16°	19°
At 8 A. M.....	29	32	33	27	29	26	35
At 12 M.....	37	37	40	34	32	34	43
At 3 P. M.....	38	38	39	35	32	35	41
Mean.....	31.90	32.	36.50	28.25	28.25	27.60	34.50
Barometer.							
At 12 M.....	30.1	30.2	29.9	30.1	30.	30.3	30.2
Germanstown, Pa.				B. J. LINDON.			

#### NOTICE.

The Twentieth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at Willard's Hotel, in the City of Washington, D. C.

The Session will commence at 10 A. M. of Tuesday, April 24th, 1866.

JOHN CURWEN, M. D., Secretary.

PENNSYLVANIA STATE LUNATIC HOSPITAL,  
Harrisburg, March 24, 1866.